

PUBLIC RECORDS REQUEST/REPORT

Requestor Name _____ Date Submitted _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

Records Requested [Please provide a clear, concise description with dates, if applicable. Attach a separate page if needed.]

MDRS will contact you regarding the approximate cost incurred in producing your requested records.

Please do not write in the box below. This area is for agency use only.

RECORDS NEVER OPEN TO PUBLIC ACCESS

(Includes but not limited to--)

- ✕ Client Files
- ✕ Medical Records
- ✕ Personnel Files

FEES FOR ACCESS TO PUBLIC RECORDS

The Mississippi Department of
Rehabilitation Services supplies
public records at a reasonable cost.

Fees are listed as follows:

Records Search, per hour
Clerical staff \$15
Professional staff \$35
Duplication Fee, per page ... \$1
Other printed materials,
per 25 pages \$10
Alternate Media, per printed page
equivalent \$1

ALL REQUESTS MUST BE SUBMITTED IN WRITING TO--

Office of Communication and
Consumer Relations,
Mississippi Department of
Rehabilitation Services
Attn: Rebecca Henley
Post Office Box 1698
Jackson, Mississippi 39215-1698
Telephone No. 601.853.5175

AGENCY'S RESPONSE:

DATE

Request Received By _____

Title _____

Location _____

☐ Request Sent to Legal Staff By _____

Legal Staff:

☐ Request Approved By _____

☐ Request Denied By _____
Reason _____

☐ Request Sent to Program Director By _____

Program Director:

☐ Request Approved By _____

☐ Request Denied By _____
Reason _____

☐ Records Produced and Provided By _____
Fee For Access _____

☐ Requestor Informed By _____

☐ Fee Collected By _____

☐ Fee Closed By _____

Comments _____
